

INDIAN HEALTH CARE IMPROVEMENT ACT

ISSUE

The Indian Health Care Improvement Act (IHCIA), Public Law 94-437, expired on September 30, 2000, and was extended through 2001 in anticipation that Congress would consider the reauthorization proposals pending in Congress. Since 2001, the Congress has held hearings on the reauthorization proposals. While there have been various versions of the bill considered by the Congress since that time, the work on reauthorization of the IHCIA has not been completed by the 109th Congress.

BACKGROUND

The IHCIA is considered to be the cornerstone legal authority for the provision of health care to American Indians and Alaska Natives. This authority builds upon the Snyder Act of 1921, which is the basic and first legislative authority for Congress to appropriate funds specifically for health care provided by the IHS. The IHCIA of 1976 was enacted into law based upon findings that the health status of Indians ranked far below that of the general population. The Act declared that it was this Nation's policy to elevate the health status of the Indian population to a level at parity with the general U.S. population. Since its first passage in 1976, the Act has been reauthorized four times.



SITUATION

During late 1998 and 1999, the IHS actively consulted with Indian country on amendments to the existing Act to provide Tribal and Urban Indian health programs with the programmatic and administrative capabilities to provide high quality health care to their constituents. A National Steering Committee (NSC) on the reauthorization of the IHCIA was established in the summer of 1999 to review the recommendations received during the consultation process, to reconcile differences in the recommendations from the various areas of Indian country, and then to complete a legislative draft that reflected the final recommendations. In October of 1999, the NSC forwarded their legislative proposal to the leadership of the Executive and Legislative Branches, as well as to Tribal Governments and Urban Indian Health Programs. The House Committee on Resources and the Senate Committee on Indian Affairs both introduced legislation almost identical to the NSC draft. Both chambers have held hearings on the reauthorization proposals since 2000 and both reported the reauthorization bills out of committee on September 22, 2004. During the second session of the 108th Congress, the IHS and the Department worked with the congressional committees to resolve areas of concern with the pending legislative proposals. Time ran out before a bill could be finalized that would address the Department's concerns. A reauthorization proposal, S. 1057, was reintroduced in the Senate in the 109th Congress and was favorably reported with amendments by the Senate Committee on Indian Affairs on October 27, 2005. The IHS and Department have been working with the Senate committee staff in order to ascertain the impact of the bill and to develop an Administration position on the proposal.

OPTIONS/PLANS

By the middle of the 109th Congress, the IHS and the Department will have testified at 11 hearings on the reauthorization of the IHCIA. Work will continue on Senate reauthorization bill in the 109th Congress. It is anticipated that re-introduction of a House companion bill may occur in the second session of the 109th Congress. Tribal Governments and Urban Indian Health Program leaders will continue to push for passage of the reauthorization legislation by the end of the 109th Congress.

ADDITIONAL INFORMATION

For referral to the appropriate spokesperson, contact the IHS Public Affairs Staff at 301-443-3593.

